

**PART B - ISSUE FEE (S) TRANSMITTAL**

Complete and mail this form, together with applicable fees, to:

**Box ISSUE FEE  
Assistant Commissioner for Patents  
Washington, D.C. 20231**

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate FEE ADDRESS for maintenance fee notifications.

**CURRENT CORRESPONDENCE ADDRESS** (Note: Legibly mark-up with any corrections or use Block 1)

STITES & HARBISON, PLLC  
SUITE 900  
1199 N. FAIRFAX STREET  
ALEXANDRIA, VA 22314



Note: The certificate of mailing below can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate.

**Certificate of Mailing**

I hereby certify that this Issue Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelop addressed to the Box Issue Fee address on the date indicated below..

(Depositor's name)
(Signature)
(Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/762,512	01/23/2004	Kazuma Yumoto	ASAM.0097	5242

**TITLE OF INVENTION:** **SESSION CONTROL APPARATUS, SOFTWARE APPLIED TO SESSION CONTROL APPARATUS, COMMUNICATION CONTROL METHOD, AND NETWORK SYSTEM**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$1810	12/30/2010

EXAMINER	ART UNIT	CLASS - SUBCLASS
PARK, JEONG S	2454	709-227000

<p>1. Change of correspondence address or indication of "Fee Address" (37 CFR §1.363). Use of PTO form(s) and Customer Number are recommended, but not required.</p> <p><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</p> <p><input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.</p>	<p>2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (have as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed</p> <p>1. <u>Stites &amp; Harbison, PLLC</u></p> <p>2. <u>Juan Carlos A. Marquez, Esq</u></p>
---	---

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**HITACHI, LTD.**

**Tokyo, Japan**

Please check the appropriate assignee category indicated below (will not be printed on the patent) ☐ individual ☒ Corporation or private group entity ☐ government

**4b. Payment of Fee(s):**

☒ Payment by credit card. Form PTO-2038 is attached.

☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-0555.

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) to the application identified above.

(Authorized Signature)

(Date) **December 22, 2010**

Juan C.A. Marquez Reg. No. 54,072

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered patent attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, United States Patent and Trademark Office, Washington, D.C. 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington, D.C. 20231**

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

12/27/2010 SDENB084 00000002 10762512

01 FC:1501  
02 FC:1504

1510.00 OP  
300.00 OP

TRANSMIT THIS FORM WITH FEE(S)

Page 2 of 3